

# Classroom Maintenance Request Form\*

Priority

High\_\_\_\_\_wiithin 24 hours

Medium\_\_\_\_\_within 1 week

Low\_\_\_\_\_within 2 weeks

Date of Request

Explain what you would like to be done in your room :


Signature

For Office Use Only

**Job Number**\_\_\_\_\_

Approved by\_\_\_\_\_Date\_\_\_\_\_

Assigned to\_\_\_\_\_Date\_\_\_\_\_

Completed to\_\_\_\_\_Date\_\_\_\_\_

\* Please submit the form to General Affairs or Operation Support Team.



